

# FILM SCREENING EVALUATION SHEET

FILM TITLE:

DATE:

Thank you for participating in this review process.  
Your opinion counts and constructive criticism is invaluable.

1 - What are the best aspects of this film? What really works?

2 - In what ways could this film be improved? Be specific about what's not working.

3 - Did anything about the film confuse you or leave you feeling frustrated?

4 - Did the film feel slow or uninteresting at any particular point? If so, describe which part of the film felt this way to you.

Please circle your rating for the following elements

1 = Poor & 5 = Excellent

Originality	1	2	3	4	5
Production Value	1	2	3	4	5
The Ending	1	2	3	4	5
Entertainment Value	1	2	3	4	5
The Story	1	2	3	4	5
The Characters	1	2	3	4	5

Additional thoughts and comments?